OCT 19 7005 WE

	Art Unit 1734
ention: DEVICE AND METHOD FOR FABRICATING LIQUID CRYSTAL DISPLAY DEVICE TO THE COMMISSIONER FOR PATENTS enamitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED Claims Highest Number Previously Amendment Number Previously Paid Previously Paid Number Prevent Number Preven	
TO THE COMMISSIONER FOR PATENTS ansmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED Claims Remaining After Amendment Number Previously Paid Previously Paid Previously Present Rate Total Claims 36 - 74 = 0	Ξ
TO THE COMMISSIONER FOR PATENTS ansmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED Claims Highest Number Extra Claims Rate	
Ansmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED Claims Remaining After Amendment Previously Paid Present Previously Present Previously Present Previously Present Previously Present Previously Present Previously Present Rate Total Claims 36 - 74 = 0 x 50.00 Independent Claims 2 - 3 = 0 x 200.00 Multiple Dependent Claims (check if applicable) Other fee (please specify): 2 month extension of time 450 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: A Large Entity No additional fee is required for this amendment. Please charge Deposit Account No. A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 450.00 to cover the filing fee is enclosed.	
CLAIMS AS AMENDED Claims Remaining After Previously Paid Present Rate	
CLAIMS AS AMENDED Claims Remaining After Amendment Previously Paid Present Rate	77,100
Claims Remaining After Previously Paid Present Rate Number Extra Claims Present Rate Number Extra Claims Present Rate	
Independent 2 - 3 = 0 x 200.00 Multiple Dependent Claims (check if applicable) Other fee (please specify): 2 month extension of time 450 FOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 450 X Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 450.00 to cover the filing fee is enclosed.	
Aduptional fee is required for this amendment. Please charge Deposit Account No in the amount of \$ A check in the amount of \$ 450.00 to cover the filing fee is enclosed.	
Cother fee (please specify): 2 month extension of time 450 COTAL ADDITIONAL FEE FOR THIS AMENDMENT: 450 X Large Entity No additional fee is required for this amendment. Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 450.00 to cover the filing fee is enclosed.	
COTAL ADDITIONAL FEE FOR THIS AMENDMENT: Large Entity No additional fee is required for this amendment. Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. A check in the amount of \$ 450.00 to cover the filing fee is enclosed.	
Large Entity No additional fee is required for this amendment. Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. A check in the amount of \$ 450.00 to cover the filing fee is enclosed.	.00
No additional fee is required for this amendment. Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filing fee is enclosed.	.00
No additional fee is required for this amendment. Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filing fee is enclosed.	
Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. X A check in the amount of \$ 450.00 to cover the filing fee is enclosed.	
A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filing fee is enclosed.	
A check in the amount of \$ to cover the filing fee is enclosed.	 ·
It dynicitely credit card. I offit FTO-2030 is attached.	
-	
The Director is hereby authorized to charge and credit Deposit Account No50-901 as described below. A duplicate copy of this sheet is enclosed.	<u>1</u>
x Credit any overpayment.	
x Charge any additional filing or application processing fees required under 37 CFR 1.16 and	d 1.17.
Dated: October 19, 20	005
George G/Ballas	
Attorney Reg. No.: 52,587	